

Please send this form with the Authorization Letter to the service provider at the time of the appointment.

DEMOGRAPHICS

Site Name & Number:

VENTRESS-0845

Site Phone #:

334-7758178

Site Fax #:

334-775-8178

Patient Name: (Last, First)

Strickland Willie

Alias: (Last, First.)

Inmate #:

226537

SS Number:

Date: (mm/dd/yy)

Date of Birth: (mm/dd/yy)

PHS Custody Date: (mm/dd/yy)

01/21/03

Potential Release Date: (mm/dd/yy)

2/28/09

Will there be a charge? Yes No Sex: Male Female

Responsible party: PHS Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) Auto Ins. Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider: Physician NP, PA Dental

Dr. Samuel Ray appt.

Facility Medical Director Signature and Date:

Samuel Ray appt. M.D.

Service meets criteria for "approval via protocol"

Place a check mark (✓) In the Service Type requested (one only) and complete additional applicable fields.

Office Visit (OV) X-ray (XR) Scheduled Admission (SA)
 Outpatient Surgery (OS) Dialysis (DA)

Routine Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: Radiation therapy
 Chemotherapy Other:

Number of Visits/Treatments: _____

Specialist referred to: Surgery

Type of Consultation, Treatment, Procedure or Surgery:

Eval for Surgery of a Small
RTH - Benign and Reducible

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

A month ago a small RTH - easily reducible, only visible on long standing and easily reduced on supine position degenerates

Results of a complaint directed physical examination:

Small RTH - easily reducible
Now tender - with no signs of
Cant dilatation of Right inguinal
ring - No other complications

Previous treatment and response (including medications):

Will soon a trans will be performed.
But no stats he will be more
comfortable with surgery

HR has PBB - and lay in profile

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

Alternative Treatment Plan (explain here) Offsite Service Recommended and Authorized

More Information Requested: (See Attached)

Resubmitted with requested information.

NOT TO BE PHOTOCOPIED

CONFIDENTIAL RECORD

Date resubmitted:

Returned
Denied
4/16/04

Regional Medical Director Signature,
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #: